

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate Tom Weatherly  
 Address 3806 Hwy 49 South Florence MS  
 Telephone 601-845-2017 Fax 601-845-7000  
 Contact Name Tom Weatherly Email TWeatherly@Aol.com  
 Office Sought MS House of Representatives Political Party Republican

☐ Check here if above is different from previous report

## TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$1750.00	\$	\$ 1750.00
Total amount of disbursements	\$3634.40	\$	\$ 3634.40
Total amount of cash on hand		\$ 21,653.05	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Name of Candidate or Committee Tom WeatherlyReporting period Jan 1, 2010 through Dec 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT &amp; T PAC</u>		<u>8 / 6 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. Capital St</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson MS 39201</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>		<u>8 / 17 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgewood Rd. Ste C</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson MS 39216-4920</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>State Farm MAE PAC</u>		<u>8 / 27 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>655 Hwy 49 South</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Richland, MS 39218</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centrinex, LLC</u>		<u>10 / 1 / 10</u>	\$ <u>250.00</u>
Mailing Address <u>11944 West 95th St. Suite 147</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Overland Park, KS 66215</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Tom Skeathurst  
 Reporting period 1-1-10 through 12-31-10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss LVPAC</u>		<u>12/15/10</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 13649</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$



Name of candidate  
or committee

Don Deatherby

Page 4 of 5

Reporting period

Jan 1 2010 through Dec 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name <u>Cellular South</u>		
Mailing address		\$ <u>420.00</u>
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
<b>B.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name <u>Windstream (fox)</u>		
Mailing address		\$ <u>240.00</u>
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
<b>C.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name <u>Donations</u>		
Mailing address <u>Hinds C.C., flowers, etc</u>		\$ <u>633.50</u>
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
<b>D.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name <u>Newspaper Ads</u>		
Mailing address		\$ <u>125.25</u>
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
<b>E.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name <u>Car Expense</u>		
Mailing address		\$ <u>1200.00</u>
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		

Name of candidate or committee Tom Heatherly  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

Page 5 of 5

## ITEMIZED DISBURSEMENTS

<b>A.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name <u>Newspapers (Meteor,</u>		
Mailing address <u>Clarion Ledger, R.C. News)</u>		\$ <u>260.00</u>
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
<b>B.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name <u>Supplies (stamps, frames etc)</u>		
Mailing address		\$ <u>97.65</u>
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
<b>C.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name <u>Memberships</u>		
Mailing address		\$ <u>658.00</u>
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
<b>D.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name		
Mailing address		\$
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
<b>E.</b>	<b>Date</b> (mo., day, year)	<b>Amount of each disbursement this period</b>
Full name		
Mailing address		\$
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		